

FINAL
COLORADO METHAMPHETAMINE TASK FORCE
Meeting March 23, 2007
Office of the Attorney General
1525 Sherman Street
10:00 am – 1:00 pm

Chair – Attorney General John Suthers

Vice –Chairs:

- *Treatment* – Janet Wood, Director, Behavioral Health Services, CDHS
- *Prevention* – José Esquibel, Director, Interagency Prevention Systems, CDPHE
- *Law Enforcement* – Lori Moriarty, Commander, Thornton Police, Department, North Metro Drug Task Force

Task Force Members Present:

Tara Trujillo, Colorado Children's Campaign; Dr. Kathryn Wells, Denver Health; Dr. Nick Taylor, Taylor Behavioral Health; Dr. Wayne Maxwell, North Range Behavioral Health; Janelle Krueger, CDE; Bob Watson, District Attorney, 13th JD; Chief Gary Hamilton, Cripple Creek Police Department; Erin Goff, Colorado Municipal League; Tom Quinn, Director of Probation Services; Timothy Griffin for Jeaneene Miller, CO Dept of Corrections/Parole, Cheryl Palm for Stella Hicks, Laura Russman; Jeannie Smith, Deputy District Attorney;

Guest:

Dennis Danlke, SUCAP, Brian Mattson, National Alliance for Drug Endangered Children; Colleen Brisnehan, CO Dept Public Health & Environment, William Allstetter, National Jewish Medical Center, Geri Reinardy, National Jewish Medical Center, Pat J. Sullivan, Cherry Creek Schools

NEXT STEPS –

- Work with the Blueprints Committee and bring the Meth blueprint for discussion at the May State Meth Task Force meeting.
- Draft a proposal for funding to the Daniel's Fund and El Pomar Foundation

Introductions: Attorney General John Suthers welcomed the group.

Review and Approval of Minutes: Minutes from 1-26-07 were approved with the noted corrections. Minutes dated 1-26-07 will be E-mailed with corrections.

Updates:

Funding Committee: Vice Chair Moriarty:

The committee had two additional meetings with Daniels Fund regarding the meth blueprints work. Daniel's Fund is very interested in this work. The committee will submit a proposal for funding to the Daniel's Fund. El Pomar Foundation has also expressed an interest in helping the Task Force with this work.

Data Committee: Vice Chair Esquibel:

A few members of the data committee met on March 1st to discuss treatment data. There were a number of questions that came out of this meeting; what is the message that we want to

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communicate with this data? How do we get the data out? What is the cost of this process? This committee will have another meeting and an update will be given at the next meeting. If any one is interested in joining this committee, please send Vice Chair Esquibel a message at j.esquibel@state.co.us

Announcements from Task Force members:

Mr. Watson had a regional task force meeting in northeastern Colorado to discuss the detoxification center that they hope to build there. There have been a number of meetings with the site selection committee and hopefully construction will start soon. In this area education and treatment is a community effort.

Vice Chair Wood spoke about a special on HBO profiling Addiction. HBO is doing a wonderful series on this subject. The series is available to purchase however currently there is a waiting list. Janet has the entire series if you are interested.

Meth 360 Public Awareness 2007 - Colorado Springs will be the targeted area for this ad campaign, which will be rolled out shortly. This campaign will come through the law enforcement agencies. Currently, the on-line resources for communities are being created. There will also be an on-line resource available for us.

Indian Affairs – Mr. Dennis Danlke spoke about some of the issues facing the tribes in seeking help. There are no close treatment centers. May the tribes use Comcore as the treatment site? Can Hilltop House expand to take more patients? Alamosa and Grand Junction sites are too far away for the Durango, Montezuma, and Dolores residents to go to for treatment. The DA in these areas is asking what else is available. It was suggested that Mr. Danlke get hold of the Alcohol and Drug Abuse Division (ADAD) for more information.

Dr. Nick Taylor discussed the western slope Delta project model progress. This is the community-based model. One of the sheriffs in the area has volunteered to help with this project along with many others from the community. There will be training for these volunteers with safety being in the forefront. We want to be sure that we are not creating any new victims. The program is due to start on April 17th and the manual will be ready by May 17th.

Dr. Kathryn Wells Denver Health – A grant was received to help oversee the effects for newborns exposed to meth. Denver Courts also received a large grant to address the meth problem.

Presentation by Dr. John Martyny: Long-term affects for children of meth addicts and the affects of chronic exposure on all persons. Website for the CD www.MCTFT.com or www.FLETC.gov/osi “DO NOT ENTER” CD from Homeland Security Feb 22, 2007.

Researchers have a good idea of exposure issues in active labs. In Colorado Springs they were allowed to “do a cook” in a house and let it set for 24 hours. After 24 hours there were still a lot of chemicals left in a house. It was found that something as simple as vacuuming could release the chemicals into the air again. After the “cook” the house was destroyed within 24 hours. In Thornton they were allowed to do another experiment. A devise was used to

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“Smoke” meth, which filled a hotel room so experts could see what amount of meth would be left behind. It was discovered that the meth gets on every surface in the room.

Currently, work is being done with the Los Alamos National Laboratory to research the effects of long term cooking in the same location. They are cooking in the house a number of times, and then measuring different things at different times over a long period of time. They are hoping to learn a number of things from this experiment. Such as, how long does it take to clean the site? Are there chemicals available now to help with the clean up of these sites? What is needed to test a house for cooking and or just smoking? They would like to pull samples in different ways and at different times to help develop new tests.

Another thing that they would like to do is to characterize symptoms of the effects on children, i.e., crawling on carpets, bouncing on the furniture, etc. There are no studies on the effects of long-term exposures to the children in a meth house. We are assuming that the lungs of these children will be mostly affected. What are the behavioral problems that these kids will face? We would like to follow these children for at least 3 years to find out the long-term problems or if there are no problems.

Questions:

- How does the decline in meth labs affect your studies? Answer: The use of meth is still on the rise, especially throughout the Indian County. This problem is not going away and when we look at smoking the danger is still there many months later. This is still a big concern.
- How do you split the effects of meth on these children vs. the other drugs in the home? Answer: We talked with Dr. Kiti Freier, reference the use of Meth; these children are exposed to a number of other issues that come into play. It will be very hard to split the effects of meth vs. the other factors, abuse, neglect, neo-psych and neo- behaviors.
- Have you given any thought to set up a control group? Answer: Not at this time, but would like to do this. Dr. Freier is more familiar with this.
- Does the State track the parent’s drug use of children entering the state system? Answer: The Trail System does not do this. There is a limitation issue in the program design. It is a question on one of the child welfare questionnaire. The court has no indication if the parents are drug user when a juvenile or child welfare case comes before them. The data could be found, perhaps check with the child welfare division on the questions that are asked regarding this.
- Regarding the motel meth production experiment, is there someone from the hotel/motel industry on the board? Answer: Cooking in a hotel is common problem, they usually only stay the night in the room. We do work with hotel/motel personnel.
- The Realtors Association have been asking a number questions to the different area police chiefs. They are asking if a house has been a meth lab or if there has been any smoking done on the property. The new exposure law is supposed to give this type of information to the health dept, not all police agencies are doing this. Colorado Springs has a system in place to verify if the house has been a meth lab. They charge a fee to have the house checked by the health dept and an environmental engineer. After the house has been clean, a certificate is issued to the homeowner. The cost is approximately \$200. One of the difficulties is all the testing being done. The laws are moving faster than the testing data. The realtor law, any signs of meth, must clean up the house by the state law.

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- Dr. Martyny would be happy to do a presentation at anytime. Dr. Martyny sits on a board that has created protocols to address a lot of these issues. He is also a member of the National Alliance for DEC Medical/Research working Group
- The National Alliance for DEC presentation will be April 4-6th.

Blueprints for Addressing Meth Issues: – Chairman Suthers thanked the vice chairs and the other members that helped create the draft blueprint materials. Chairman Suthers reminded the group that the process is important and that it should lead to action.

Due to the complexity of the problems listed on page 4 & 5 of the annual report, a blueprint plan is needed. We are very excited by this blueprint and we will use all the experience from our partners to enhance the blueprint. We have partnered with the Alliance for Drug Endangered Children. By inviting other interested participants through the State Meth Task Force, we are able to engage in dialogue with community people, mainly professionals, as we work on designing the Colorado State Meth blueprint for a community response to meth issues.

Vice Chair Moriarty summarized the last blueprint meeting for the group. The meeting lasted three hours and the end product was the latest draft handed out today. Another meeting was held on March 15th with over 40 partners in attendance to discuss the blueprint and guidelines. After a number of questions were asked and answered the outcomes of this meeting was the new case flow process chart.

It was discovered that it is easier for people to work on these issues when they just worked on their part of the system. One question was in regard to what are their hurdles and how do you fix them? By using that as a basis we are able to find the common areas among our various disciplines. One interesting point is that prevention and sustainability comes from the community. This will be the community role.

Another point discovered from the meetings is that the blueprint has the flexibility for each of the disciplines. This is a systemic method, we are hoping to get the best practices that are out there and make this a community tool that is easy for all to use.

We plan to have this on the Web site for all to see and use in the near future.

Comments –

Process is important followed by action.

Dr. Taylor recommended posting this for the public and simplifying the language. Can a dictionary pop up function be utilized when scrolling over a word on the blueprint diagram?

- We will be meeting with the professional web development people. This is part of the next steps to do, hopefully within the next six months. The representatives of the Daniels Fund suggested that we reach out to Caring for Colorado for funding.

We must be clear on the words i.e., what does “Case” in “Case Flow Process” mean? It can mean a lot of different things to a lot of people. We need to focus on the child, parent etc. we need to focus on the unit as the child or parent. We want to see the coordination of the different cases that are started at the beginning. For example, a meth lab is found, so there is a case opened by the police, child welfare, and attorney general’s office. The words in the

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phrase “Case flow process” trigger different connotations. Perhaps we need to change the word on the chart. It is suggested that we use “Community Response” instead.

Next chart – co-intelligence will be worked out. Work from this chart, change words, give the meaning, this is a cycle not two dimensional, connect 7 to 1.

Ask people in the field about what processes they are using in order to add to this blueprint.

Brian Mattson has also articulated the vertical alignment with feds and state.

There is consensus from the members of the State Meth Task Force that we can go forward with the work on the Blueprint.

Next Steps: Task Force Discussion –Chair Suthers:

- What needs to be done with the product you have now?
 - There is only so much time in a day and we need help. We need to bring in the experts to help with this. It is recommended that a proposal be presented to one of the foundations to get a consultant to help us with the blueprint.
- What would these experts do?
 - We have the plan that we want to use. Now we need is the step by step blanks filled in. We need to set the priorities to start the step by steps. Pick the top 2 or 3 priorities that we want to do and go forward with it. Once, that has been decided we need to find a person that has done interagency/inter-discipline work and have them assist us with the next steps.
- What is a reasonable timeframe to have a framework put together?
 - As soon as possible.
- What is the purpose? Are we just looking at policy and/or advisory role?
- Are there projects that can be done now?
 - There are some projects that can be done quickly and others will need to be done on a long-term basis.
- We need to keep in mind that there must have a nice balance between action and planning.
 - We need to be able to replicate and share the process; steps must be put into place first. We must have a unified vision.
- Do we really need to bring in the experts?
 - There has been enough work done on the blueprints that the people in this room can put the plan in place. Parallel processes can be done here. The consultant(s) would be brought in to help bring the blueprint to life and we would carry out the actions. One of the end results would be to have everything joined up within six months.

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- A key to bringing the blueprint to life is to support the community needs. What is the common thread with these communities? We would need to take the blueprint to the communities for feedback.
- Utilizing the blueprint we can write a proposal to submit to the Daniel's Fund and El Pomar Foundation. The funds would allow us to hire some staff with expertise to help assist with finalizing the blueprint, and clear up the language issues. Staff would meet with people across the state to gather feedback on the plan and to discover who is doing what, how they are doing it and what are the outcomes are. Gather the information, disseminate the information and open a communication channels.
- We are getting calls from people across the state, we need to set some standards for what approaches warrant further discussion. We need a way, or criteria, to filter in and filter out what are best practices.
- In response to communities, we need to provide them with a package of what to do to address the meth problem in their areas. This is where the case flow process can be shared. Let the communities use this as a self-assessment tool.
- When this blueprint is done we should be able to provide a presentation for anyone who asked what we are doing. We need to have a consistent way to put forth the message to the state. We need to put steps in place for everyone to use. Who is going do this? How are families going to do the assessment? What are the common threads? A database toolkit is needed.

Open Comments

- Prepare and submit a proposal for the funding.
- With the assistance of hired experts, we could have a blueprint in about 6 months.
- Once the proposal is drafted, send out via email for review.
- Include in the proposals a request for a Webmaster.
- Web site – where would be put this? Should this be on the governor page?
- What about the efforts that are not going to meet best practices because they don't have the staff or resources (DELTA) for the testing?
- If there is grant money that each person/community could go after, do they need the backing of this State Meth Task Force? No, there is no requirement for approval from the Task Force for programs to seek funds.
- The programs that are asking for our support, what are we looking for?
- We should be leery of endorsing programs. We shouldn't be stamping programs.
- We should set up the standards and the programs/foundations should be required to meet the standards.
- Pending the establishment of the perimeters, the task force is not going to say "yes or no" to programs.
- We should be encouraging the communities to try different methods. We need to keep the communications open between the communities and this task force.
- We don't endorse professional products.
- Create a threshold; is there a questionnaire or best practice model that we can ask for?
- Commissioned research project as a development research for the meth task force committee.
- Use Demonstration Sites to gain knowledge about state of the art practices at each stage of the Case Flow Process" or the "Community Response" if the name is changed.

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- Develop standards for the projects to follow. The standard setting needs to come from the task force. The standards should support each program/initiative effort to become evidence based.
- Show logic and data that support the model. This would be a good starting point.
- Gaining knowledge – Best practices has been replaced by better practices.
- The Blueprint should provide everyone with an opportunity to participate.
- Janelle Krueger would be willing to draft questions to ask for the presentation case by case. Janelle will submit the questions to the vice chairs.
- Can we at least help Dr. Taylor? Can letters be written on behalf on his grant proposal?
 - What is the policy?
 - He will submit the Delta Model, which will be sent out via the email.

Next agenda item: Collecting information about specific program and approaches that address meth issues.

Next meeting Friday May 25th 10am – 1:00 Municipal League

Schedule of future meetings:

May 25, 2007	10:00am – 1:00pm
July 27, 2007	10:00am – 1:00pm
Sept 28, 2007	10:00am – 1:00pm